Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

Complete if Known	
Application Number	09/840,730-Conf. #4534
Filing Date	April 23, 2001
First Named Inventor	Michael R. HUFFORD
Examiner Name	T. L. Smith
Art Unit	3629

[X] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 905.00

Attorney Docket No.	IVQ-003RCE

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[X] Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[X] Charge fee(s) indicated below

[ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

[X] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
51	-51	0	x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3	-3 =	0	x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

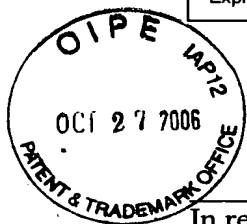| Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
____ - 100 = ____	/50	____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month — 510.00

2801 Request for continued examination (RCE) (see 37 ... — 395.00

SUBMITTED BY

Signature		
Name (Print/Type)	James M. McKenzie, Esq.	
Registration No. (Attorney/Agent)	51,146	
Telephone	(617) 227-7400	
Date	October 27, 2006	

Express Mail Label No. EV 971 664 422 US   Dated: October 27, 2006

Docket No.: **IVQ-003RCE**
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Michael R. Hufford *et al.*

Application No.: 09/840,730	Confirmation No.: 4534
Filed: April 23, 2001	Art Unit: 3629
For: INSTRUMENTATION OF A PAPER DIARY TO CREATE AN OBJECTIVE RECORD OF EVENTS	Examiner: T. L. Smith

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

IVQ-003RCE

Please reference **IVQ-003RCE** on all future correspondence.

Dated: October 27, 2006   Respectfully submitted,

By _____
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